ISSUE SLIP STAPLE AREA (for additional cross references) ID NO. DATE POSITION INITIALS 3/11 FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW 12-12-00 INDEX OF CLAIMS Non-elected Rejected ...... Interference Allowed (Through numeral)... Canceled ..... Objected ...... Restricted Date Claim Claim Final Original Final Original 51 U 54 C 56 0 6 6 7/ 10 6 AVAIL 13/ 17 6 

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If more than 150 claims or 10 actions staple additional sheet here

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